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ILLINOIS COMMERCE COMMISSION

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First Choice America Telecommunications, Inc.

CHIEF CLERK'S OFFICE

Application for a certificate of local and interexchange authority to operate as a reseller of telecommunications services statewide in the State of Illinois.

## APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

	TELECOMMUNICATIONS CARRIER					
GE	NERAL E. SER					
1.	Applicant's Name(includingd/b/a,ifany) FEIN # 36-4340415					
	First Choice America Telecommunications, Inc.					
	Address: Street 106 West Calender Court, Suite 190, LaGrange, Illinois 60525.					
2.	Authority Requested: (Mark all that apply)13-403X13-40413-405					
3.	. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.					
	<u>X</u> Part 710 Part 735 <u>X</u> Section 735.180 <u>Section 250</u>					
4.	In what area of the state does the Applicant propose to provide service?					
	Applicant seeks authority to provide competitive local service in those areas of Illinois now open to competitive local exchange service.					
5.	Please attach a sheet designating contact persons to work with Staff on the following:					
	a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement					
	Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.					
	[SEE ATTACHMENT A], appended hereto.					

7.	Please check type of organization? Date corporation was formed: Janua Inwhatstate? Illinois	Individual ary 24, 2000	<u>X</u> _C	Corporation	1	Partnership	
8.	Submit a copy of articles of incorpo	ration and a copy of o	ertificate of	f authority t	o transact bus	siness in Illinois	
	[SEE ATTACHMENT B], a	ppended heret	<b>D.</b>				
9.	List jurisdictions in which Applican	t is offering service(s	).				
	Applicant will only be offe	ering service in	the Sta	te of Illi	inois.		
10.	Has the Applicant, or any principal revoked or suspended in any jurisdic			ertificate of	Service or l	nad its certification	
	YES (Please provide details	) <u>X</u> NO					
11.	Have there been any complaints aga	inst the Applicant in	any other ju	risdiction?			
	YES X NO						
	If YES, describe fully.						
12.	Will the Applicant keep its books an	d records in Illinois?	X	YES	NO		
MA	NAGERIAL		ा । अस्मारण संस्थित		al no state Manager and state Manager and state		
13.	Please attach evidence of the applica may be in either narrative form, resu					ovide service. This	
	[SEE ATTACHMENT C, Tappended hereto.	Cestimonies of	Larry V	V. Seab	and Marl	k A. Widbin],	
14.	List officers of Applicant.						
	Larry W. Seab Mark A. Widbin Gregory M. Drake Charles W. McGuffee	Chairman a President Executive V Secretary a	ice Pres	ident	ive Office	r	
15.	Does any officer of Applicant have currently providing telecommunicat				entity which	has provided or is	
	If YES, list entity. NOW Teleco	mmunications,	Inc.				
16.	How will Applicant bill for its service	ce(s)?					
	Applicant's service will be	e prepaid in na	ture.				

17.	How does Applicant propose to handle service, billing, and repair complaints?							
	[SEE ATTACHMI appended hereto	ENT C, Testimonie	s of Larr	y W. Seab	and Ma	ırk A.	Widbin],	
18.	. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO							
19.	What telephone number	What telephone number(s) would a customer use to contact your company?						
	Customers will b	oe provided with a t	oll-free c	ustomer se	ervice nu	mber.		
20.	What are your procedur	What are your procedures to prevent unauthorized "slamming" of customers?						
	In light of the p	In light of the prepaid nature of Applicant's services, slamming cannot occur.						
21.	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?							
	YES	NO (If no, pleas	se provide an	explanation.)				
	* Except for waiv	* Except for waivers discussed in paragraph 3 above,						
22.		and return membership fo unications Access Corporati				ance Corp	oration and	
FIN	NANCIAL				1944 1944 1944 1944 1944 1944 1944 1944			
23.	Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.							
	[SEE ATTACHME	ENT D] , appended l	hereto.					
TE	ECHNICAL	$\alpha_{\mathcal{H}}$	ិខ្មែរ មួ	is a major		this of the	ing 250 Hillighe ander 😽	
24.	Does Applicant utilize i	its own equipment and/or fa	acilities?	YESX	NO			
	If YES, please list:							
	, · · ·	rovider(s)'s services does A	-		nmunicat	tions S	Services,	

25.Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

## Applicant will provide prepaid local service.

26. Will technical personnel be available at all times to assist customers with service problems? X YES \_\_\_\_NO

First Choice America Telecommunications, Inc.

Michael Guerra

One of their attorneys

John W. McCaffrey Michael Guerra HOPKINS & SUTTER Three First National Plaza Chicago, Illinois 60602 312-558-5152 312-558-7775 facsimile Mguerra@hopsut.com

STATE OF ILLINOIS	)
	) SS
COUNTY OF COCK	1

## **VERIFICATION**

I, Mark Widbin, being first duly sworn on oath, state that 1 am the President of First Choice America Telecommunications, Inc., that I have read the foregoing Application for a certificate of local and interexchange authority to operate as a reseller of telecommunications services statewide in the State of Illinois, that I am knowledgeable of the facts stated therein, and that the same are true and correct to the best of my knowledge and belief.

Mach Wilbin

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_ day of March, 2000

Notary Public

OFFICIAL SEAL
PETER ALLEGRA JR
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/15/00